

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/10/2006
FORM APPROVED
OMB NO. 0938-0391

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|---|---|--|---|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295020 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 05/05/2006 |
| NAME OF PROVIDER OR SUPPLIER BERRYMAN REHABILITATION CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2045 SILVERADA BLVD. RENO, NV 89512 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| F 000 | INITIAL COMMENTS This Statement of Deficiencies was generated as the result of a complaint investigation conducted at your facility on February 15, and extended until May 5, 2006 in order to consider additional evidence. The findings and conclusions of any investigation by Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. Complaint NV00010786 alleged poor quality of care due to inadequate infection control practices. The complaint was substantiated. The following deficiency was cited. | F 000 | This Plan of Correction (POC) is being submitted pursuant to the applicable Federal and State Regulations. Nothing contained herein shall be construed as an admission that the facility violated any Federal or State regulations or failed to follow any applicable Standard of Care. | 5/19/06 | |
| F 441 SS=B | 483.65(a) INFECTION CONTROL The facility must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment and to prevent the development and transmission of disease and infection. The facility must establish an infection control program under which it investigates, controls, and prevents infections in the facility; decides what procedures, such as isolation should be applied to an individual resident; and maintains a record of incidents and corrective actions related to infections. This REQUIREMENT is not met as evidenced by: Based on review of facility documentation and interviews with staff it was determined that the | F 441 | The Plan of Correction is cross-referenced to the appropriate deficiency. Please refer to the appropriate pages that follow each deficiency in the Plan of Correction. RECEIVED MAY 19 2006 BUREAU OF LICENSING AND REGULATION CARSON CITY, NEVADA | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Julie Johnson

Director of Operations

5/18/06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 441 | <p>Continued From page 1</p> <p>facility general staff were not periodically educated on infection control procedures and precautions.</p> <p>Findings include:</p> <p>The Director of Nurses and her assistant were asked to provide evidence of education for the general staff and nurses. The documentation provided was sign in sheets for a Certified Nurses Aide (CNA) inservice on 3/27/06, which was after the date the complaint was received which was 2/6/06. Other documentation provided were sign in sheets for CNA inservices on 7/9/05 and 7/12/05. There were general staff inservices on 7/9/05. Sign in sheets for the facility Safety Fair for general staff on 3/30/05 were also provided. There was no evidence that the general staff had been updated with education on infection control for seven months since 7/9/05 as of the complaint initiation date of 2/15/06. Nurses' aides were not updated on infection control procedures for an eight month period between 7/12/05 and 3/27/06. Also noted was that attendance records for education sessions provided were only the employee sign in sheets at each session, there were no records provided with all employee names which would provide tracking to assure that all employees received education on infection control.</p> | F 441 | | | |

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F 441.483.65(a.) INFECTION CONTROL

This REQUIREMENT is not met as evidenced by: based on review of facility documentation and interviews with staff it was determined that the facility general staff were not periodically educated on infection control procedures and precautions.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Based upon the evidence that the general Staff was not periodically educated on Infection Control procedures and precautions, the facility has reviewed the Infection Control issues related to Residents and has determined that no specific Resident in the facility has been affected by this deficient practice. Corrective action includes the implementation of periodic Staff education on Infection Control procedures and precautions that will prevent health care problems, resulting from improper Infection Control procedures.

How will you identify other Residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Based upon the evidence that the general Staff was not periodically educated on Infection Control procedures and precautions, it has been determined that all Residents at Berryman Rehabilitation Center have the potential to be affected by this deficient practice. Corrective action includes the implementation of periodic Staff education on Infection Control procedures and precautions that will prevent health care problems, resulting from improper Infection Control procedures.

What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?

Based upon the evidence that the general Staff was not periodically educated on Infection Control procedures and precautions, all Berryman Rehabilitation Center Staff shall receive mandatory education and educational updates on Infection Control on both May 18 and 19, 2006.

All Staff shall receive Infection Control training during new hire Orientation and annually, during the month of June, when Infection Control will be included in Berryman Rehabilitation Center's day of Health and Safety.

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How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change?

Based upon the evidence that the general Staff was not periodically educated on Infection Control procedures and precautions, the Director of Nursing Services and the Director of Operations shall ensure that the Infection Control Plan for Berryman Rehabilitation Center is carried out with scheduled periodic education of all facility Staff.

All Staff shall receive Infection Control training during new hire Orientation and annually, during the month of June, when Infection Control will be included in Berryman Rehabilitation Center's day of Health and Safety.

The Director of Nursing Services will plan and approve the Infection Control education portions of new hire Orientations that will become a permanent part of the presentation to all new employees. The Director of Operations will review and approve the Orientation Program to ensure that Infection Control education is included.

The Director of Operations will be responsible for planning the annual Day of Health and Safety and ensure that the Director of Nursing Services presents a session on education for Infection Control.

Dates when corrective action will be completed

Based upon the evidence that the general Staff was not periodically educated on Infection Control procedures and precautions, the facility will immediately present an education program on Infection Control to all general staff. The schedule for Staff presentations is May 18, 2006 and May 19, 2006.

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